

STATE OF MICHIGAN  
BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

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In the matter of the application of Michigan public )	
utilities for approval of a common form )	
for medical certifications under the Commission's )	
Consumer Standards and Billing Practices for )	Case No. U-18479
Electric and Natural Gas Service. )	
_____ )	

At the November 21, 2017 meeting of the Michigan Public Service Commission in Lansing,  
Michigan.

PRESENT: Hon. Sally A. Talberg, Chairman  
Hon. Norman J. Saari, Commissioner  
Hon. Rachael A. Eubanks, Commissioner

**ORDER**

On June 2 and 4, 2014, respectively, the Commission sought permission from the Office of Regulatory Reinvention (ORR), now the Office of Performance and Transformation (OPT), to amend and combine two rule sets: Billing Practices Applicable to Non-Residential Electric and Gas Customers, Mich Admin Code, R 460.1601-460.1640; and Consumer Standards and Billing Practices for Electrical and Gas Residential Service, Mich Admin Code, R 460.101-460.169. ORR approved these requests on July 11, 2014; and ORR and the Legislative Service Bureau (LSB) subsequently granted informal approval of the draft rules on December 14 and 21, 2015, respectively. On July 5 and 17, 2017, LSB and ORR/OPT formally approved the rules. The rules were then filed with the Joint Committee on Administrative Rules (JCAR) on July 21, 2017, which, by virtue of MCL 24.245a(1), had 15 session days to object to the rules by filing a notice of objection. JCAR did not take any action to prevent the rules from being transmitted to the

Secretary of State. In Case No. U-18120, the Commission is issuing a final order in today's November 21, 2017 meeting that formally adopts the rules and transmits them to OPT for filing with the Secretary of State. The newly adopted rules will become final seven days after filing them with the Secretary of State.

Two of the Commission shutoff protection rules that are being amended as a result of the above-referenced rulemaking include: (1) a 21-day hold on the shut off of service to a residential customer unable to pay their utility bill who has, or whose household member has, a medical condition that would be aggravated by the shut off of service (soon-to-be-updated Mich Admin Code, R 460.130), and (2) a prohibition on the shut off of service to a residential household unable to pay a utility bill where a member of the household meets the definition of a "critical care customer" in the rules (soon-to-be-updated Mich Admin Code, R 460.130a).<sup>1</sup> Both of these amended rules require Commission approval of a common medical certification form that verifies the medical condition at issue triggering a hold on the shut off of service for non-payment.

On November 3, 2017, the Michigan Electric and Gas Association (MEGA), on behalf of its member public utilities, jointly with Consumers Energy Company (Consumers), DTE Electric Company (DTE Electric), and DTE Gas Company (DTE Gas), filed an application in this docket requesting Commission approval of a common medical certification form for use by Michigan regulated utilities in complying with the two shutoff protection rules to be formally adopted by the Commission today. The proposed form was the product of a collaborative work group comprised of various stakeholders that included representatives from Consumers, DTE Electric, DTE Gas,

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<sup>1</sup> "'Critical care customer' means any customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides a commission-approved medical certification form from a physician or medical facility to the utility identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening."

MEGA, Michigan Agency for Energy, the Michigan Department of Health and Human Services, Michigan State Police, Coalition to Keep Michigan Warm, Area Agency on Aging, Red Cross, Michigan Home Care and Hospice Association, Residential Customer Group, and the Commission Staff (Staff). The work group of stakeholders met to discuss the form on several different occasions, and the comments and feedback received at those meetings culminated in the form, attached here as Exhibit A. The Staff has vetted the form and is satisfied that it will adequately serve its purpose of verifying the medical condition for use in obtaining shutoff protection under the rules referenced above.

Having reviewed the proposed form and application, and based on the collaborative efforts and thorough vetting of this form through a stakeholder work group representing customer groups and utilities alike, as well as the Staff's participation in this matter, the Commission finds that approval of the form is reasonable and in the public interest, and is therefore approved.

THEREFORE, IT IS ORDERED that the common medical certification form, attached as Exhibit A, is approved.

The Commission reserves jurisdiction and may issue further orders as necessary.

Any party desiring to appeal this order must do so by the filing of a claim of appeal in the Michigan Court of Appeals within 30 days of the issuance of this order, under MCL 462.26. To comply with the Michigan Rules of Court's requirement to notify the Commission of an appeal, appellants shall send required notices to both the Commission's Executive Secretary and to the Commission's Legal Counsel. Electronic notifications should be sent to the Executive Secretary at [mpscdockets@michigan.gov](mailto:mpscdockets@michigan.gov) and to the Michigan Department of the Attorney General - Public Service Division at [pungp1@michigan.gov](mailto:pungp1@michigan.gov). In lieu of electronic submissions, paper copies of such notifications may be sent to the Executive Secretary and the Attorney General - Public Service Division at 7109 W. Saginaw Hwy., Lansing, MI 48917.

MICHIGAN PUBLIC SERVICE COMMISSION

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Sally A. Talberg, Chairman

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Norman J. Saari, Commissioner

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Rachael A. Eubanks, Commissioner

By its action of November 21, 2017.

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Kavita Kale, Executive Secretary

Company Logo	<h1>Medical Certification Form</h1> <p>To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.</p>						
<h2>Instructions</h2> <p>A customer may provide a signed medical emergency hold request to postpone the discontinuance of utility service or restore service. For power to remain on, this certificate needs to be completed and returned to your utility within 3 business days. If utility service is a necessity, you must make other arrangements for on-site back-up capabilities or other alternatives in the event of loss of service.</p> <p>If a customer submits a medical emergency hold request signed by a physician or public health official, along with the additional required information listed below, <i>*Utility Company*</i> will suspend shutoff action for at least 21 days, and services will be restored, where applicable. The customer may be charged a deposit to the account for service restoration due to disconnection for non-payment.</p> <p><b>Approval of this form does not prevent shut offs indefinitely.</b> You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit <a href="#">*Utility URL Location*</a> to find available programs to assist with paying energy bills. You may also contact the United Way at 211 for free confidential service that links people with local community-based organizations across the state that can help with utility assistance and other needs.</p>							
<h2>These definitions apply in using this form:</h2> <p><b>Medical Emergency</b> - an existing medical condition of the customer or a member of the customer's household, as defined and certified by a physician or public health official on this medical certification form, that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.</p> <p><b>Critical Care Customer</b> - means any customer who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides this medical certification form from a physician or medical facility, to the utility, identifying the medical equipment or life support system and certifying that an interruption of service would be immediately life-threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted).</p>							
<h2>TO MAKE A REQUEST FOR A MEDICAL HOLD:</h2> <ol style="list-style-type: none"> <li><b>Section 1</b> of the Medical Certification Form to be completed by resident of household requiring Medical Emergency Hold or by legal parent or guardian if patient is under the age of 18.</li> <li><b>Section 2</b> of the Medical Certification Form to be completed by <i>*Utility Company*</i> customer of record.</li> <li><b>Section 3</b> of the Medical Certification Form to be completed by physician or Public Health Official.</li> <li><b>Return the completed form</b> and valid identification to <i>*Utility Company*</i>:         <table style="margin-left: 40px;"> <tr> <td>Secure website:</td> <td><i>*Utility URL location*</i></td> </tr> <tr> <td>Secure email:</td> <td><i>*Utility email location*</i></td> </tr> <tr> <td>Fax number:</td> <td>(000) 000 -000</td> </tr> </table> </li> </ol> <p><b>This form must be complete and legible to be processed.</b> All information is required unless otherwise indicated. Completed forms will be processed within one business day. If you have any questions, please contact <i>*Utility Company*</i> at <b><i>*Phone Number*</i></b>.</p>		Secure website:	<i>*Utility URL location*</i>	Secure email:	<i>*Utility email location*</i>	Fax number:	(000) 000 -000
Secure website:	<i>*Utility URL location*</i>						
Secure email:	<i>*Utility email location*</i>						
Fax number:	(000) 000 -000						

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Company Logo	<h1 style="margin: 0;">Medical Certification Form</h1> <p style="margin: 5px 0;">To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.</p>
<b>FOR SERVICE TO REMAIN ON, ALL SECTIONS OF THIS FORM MUST BE COMPLETED, LEGIBLE AND RETURNED TO THE UTILITY WITHIN 3 BUSINESS DAYS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.</b>	
<p><i>I understand that (Utility) cannot guarantee continuous utility service and it is my responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.</i></p>	

Section 1: the following information is to be completed by the Patient	
Patient's name: _____	Birthdate: _____
Relationship to Customer (Account holder) <input type="checkbox"/> Self <input type="checkbox"/> Other _____	
Home/Cell (    ) _____	Work (    ) _____
<p><i>I hereby authorize my health care provider(s) to release the medical information included on this medical certification FORM to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of utility service. I certify that the patient lives at the address listed below and that all information provided is accurate. If I meet the conditions for a Critical Care hold, I also agree to notify the company when this medical hold is no longer necessary.</i></p>	
Signature: _____	Date: _____
Patient/Legal Guardian/Power of Attorney	

Section 2: the following information is to be completed by the customer (Account Holder)	
Customer Name (printed)	
Customer Address	
City, State, Zip	
Home/Cell Phone (    ) _____	Work Phone (    ) _____
Home Email: _____	Type of Service:
Account Number: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Gas
<p><i>I certify the information above is accurate AND the patient is the customer of record or a household member of the customer of record residing at this address.</i></p>	
Customer Signature: _____	Date: _____
<p>Approval of this form does not prevent shut offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website or contact United Way at 211 to find available programs to assist with paying utility bills.</p>	

Section 3: the following information is to be completed by a Physician or Public Health Official

Please Select One of the following conditions by checking one of the boxes below:

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**Medical Emergency Patient**

Patient suffers from an existing medical condition that will be **aggravated by the lack of utility service**. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service.

Condition(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment: \_\_\_\_\_ Time Period: \_\_\_\_\_

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**Critical Care Patient**

Patient uses life-supporting medical equipment at home and termination of the utility service would be **immediately life threatening**. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)

The following life-support system(s) or medical equipment is/are used by the patient:

Equipment: \_\_\_\_\_

\_\_\_\_\_

Additional comments (if any):

Check one: ☐ Physician ☐ Public Health Official License #: \_\_\_\_\_

Physician name: \_\_\_\_\_ Name and Job title (if not a physician): \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that the patient identified on this form has been examined by me and to the best of my knowledge, information provided is true, and that, in checking the selected box and signing this form, the patient meets the criteria of a "Medical Emergency Patient" or a "Critical Care Patient."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_